

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560676

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		12		1			63						
14		12		1			64						
15		12		1			65						
16		13		1			66						
17		13		1			67						
18		12		1			68						
19		12		1			69						
20		12		1			70						
21		12		1			71						
22		13		1			72						
23		13		1			73						
24		13		1			74						
25		13		1			75						
26		13		1			76						
27		13		1			77						
28		12		1			78						
29		12		1			79						
30		12		1			80						
31		13		1			81						
32		12		1			82						
33		12		1			83						
34		12		1			84						
35		12		1			85						
36		12		1			86						
37		12		1			87						
38		12		1			88						
39		12		1			89						
40		12		1			90						
41		12		1			91						
42		12		1			92						
43		12		1			93						
44		12		1			94						
45		12		1			95						
46	1		1				96						
47		1		1			97						
48		1		1			98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						

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